

Customer Profile

Person Negotiating Agreement _____ BA Application# _____

Corporate Title: _____ State of Incorporation _____
(owner of cable and name in which agreement will be issued)

Principal Address of Corporation: _____

Municipality(ies) for which contacts below apply:

(Please use multiple pages as required)

Address where <u>Legal Notices</u> are to be sent:	Address where <u>Insurance Notices</u> are to be sent:
Contact Name	Contact Name
Title	Title
Address	Address
City, State, Zip	City, State, Zip
Attention:	Attention:
Tel # Fax # E-mail address:	Tel # Fax # E-mail address:
Address where <u>Automatic License Requests</u> are to be sent:	Address where <u>Poles/ Conduit Rental Bills</u> are to be sent:
Contact Name	Contact Name
Title	Title
Address	Address
City, State, Zip	City, State, Zip
Attention:	Attention:
Tel # Fax # E-mail address	Tel # Fax # E-mail address
Address where <u>Transfer Notices</u> are to be sent:	<u>Person to notify in emergency</u> of damaged plant:
Contact Name	Contact Name
Title	Title
Address	Address
City, State, Zip	City, State, Zip
Tel # Fax # E-mail address	Tel # Fax # E-mail address

Please utilize this form to update as necessary, and send to:

Bell Atlantic NE-Specialist, License Admin.
125 High St., Room 1406
Boston, MA 02110
Tel # 1 800 641-2299, Fax # 1 617 743-8785